

1999

NR

DELAWARE INDIVIDUAL
NON-RESIDENT
INCOME TAX RETURN
FORM 200-02

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____ and ending _____

Your Social Security No.

Spouse's Social Security No.

Last Name

Your First Name and Middle Initial

Suffix

Spouse's Last Name

Spouse's First Name

Suffix

Present Home Address (Number and Street)

Apt #

City, Town or Post Office

State

Zip Code

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced Widow(er) 3. ☐ Married & Filing Separate Forms
2. ☐ Joint 5. ☐ Head of Household

Check if full-year non-resident in 1999
(Part-year residents do not check this box) ☐

If you were a part-year resident in 1999, give the dates you
resided in Delaware.

From _____ To _____
Month Day Month Day 1999 1999

37.	DELAWARE ADJUSTED GROSS INCOME (Page 2, Line 30B, Column 1).....	37		00
38.	(a) If you elect the STANDARD DEDUCTION check here..... <input type="checkbox"/> a.			
	Filing Status 1 & 5 - \$3,250 Filing Status 2 - \$4,000 Filing Status 3 - \$2,000			
	(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from Line 36..... <input type="checkbox"/> b.	38		00
39.	ADDITIONAL STANDARD DEDUCTION FROM WORKSHEET (Page 2, Section E). CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>	39		00
40.	TOTAL DEDUCTIONS - ADD LINES 38 & 39 and Enter Here.....	40		00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and compute tax on this amount.....	41		00
42.	Tax Liability Computation A Line 30 A <input type="text"/> <input type="text"/> B Line 30 B <input type="text"/> <input type="text"/> = <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X <input type="text"/> <input type="text"/>	42		00
	Proration (see instructions, page 7) Tax Liability from Tax Rate Table/Schedule. Amount			
43a.	Personal Credits (See Instructions) Enter number of exemptions claimed on Federal return _____ X \$100. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43a		00
43b.	CHECK BOX(ES) Spouse 60 or Over (If filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/> Enter number of boxes checked on Line 43b _____ X \$100. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43b		00
44.	Tax imposed by State of _____ (Must Attach Signed Copy of Return) (Part-Year Residents Only. See instructions, page 7)	44		00
45.	Other Non-Refundable Credits (See Instructions).....	45		00
46.	Total Non-Refundable Credits (Add Lines 43a, 43b, 44 and 45).....	46		00
47.	BALANCE (Subtract Line 46 from Line 42, cannot be less than ZERO).....	47		00
48.	Delaware Tax Withheld (W-2's and/or 1099's Required).....	48		00
49.	1999 Estimated Tax Paid & Payments with Extensions.....	49		00
50.	S Corporation Payments (Form 1100S/A-1 Required).....	50		00
51.	TOTAL REFUNDABLE CREDITS (Add Lines 48, 49, & 50).....	51		00
52.	If Line 47 is more than Line 51, subtract 51 from 47 and enter here..... AMOUNT YOU OWE	52		00
53.	If Line 51 is more than Line 47, subtract 47 from 51 and enter here..... OVERPAYMENT	53		00
54.	CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife <input type="text"/> 00 B. U.S. Olympics <input type="text"/> 00 C. Emergency Housing <input type="text"/> 00 D. Children's Trust Fund <input type="text"/> 00 E. Breast Cancer Education <input type="text"/> 00 F. Organ Donation <input type="text"/> 00 Add Lines A thru F and enter here.....>	54		00
55.	AMOUNT OF LINE 53 TO BE APPLIED TO 2000 ESTIMATED TAX ACCOUNT..... ENTER	55		00
56.	NET BALANCE DUE Enter the amount due (Line 52 plus 54) and pay in full..... PAY IN FULL	56		00
57.	NET REFUND- Subtract Lines 54 and 55 from Line 53..... To Be Refunded/Zero Due	57		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

X
Your Signature _____ Date _____

X
Spouse's Signature (if filing joint) _____ Date _____

Home Phone _____ Business Phone _____

Signature of Paid Preparer _____ Date _____

Address-Zip Code _____

Business Phone _____ EIN, SSN, or PTIN _____

MAKE CHECK PAYABLE AND MAIL TO:
MAIL REFUND DUE RETURNS TO:
MAIL ZERO DUE RETURNS TO:

DELAWARE DIVISION OF REVENUE, P.O. BOX 8752, WILMINGTON, DELAWARE 19899-8752
DELAWARE DIVISION OF REVENUE, P.O. BOX 8772, WILMINGTON, DELAWARE 19899-8772
DELAWARE DIVISION OF REVENUE, P.O. BOX 8711, WILMINGTON, DELAWARE 19899-8711

DELAWARE NON-RESIDENT

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

1. Wages, salaries, tips, etc 1
2. Interest 2
3. Dividends 3
4. Refunds of State & local income taxes 4
5. Alimony received 5
6. Business income or (loss) (see instructions) 6
- 7a. Capital gain or (loss) 7a
- 7b. Other gains or (losses) 7b
8. IRA distributions 8
9. Taxable pensions and annuities 9
10. Rents, royalties, partnerships, estates, trusts, etc 10
11. Farm income or (loss) 11
12. Unemployment compensation (insurance) 12
13. Taxable Social Security Benefits 13
14. Other income (state nature and source) 14
15. Total income. Add Lines 1 through 14 15
16. Total Federal Adjustments (see instructions) 16
17. Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15 17

Federal COLUMN 1		Delaware Source Income/Loss COLUMN 2	
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

18. Interest received on obligations of any state other than Delaware 18
19. Fiduciary adjustment, oil depletion 19
20. TOTAL - Add Lines 18 & 19 20
21. Add Lines 17 & 20 21

COLUMN 1		COLUMN 2	
	00		00
	00		00
	00		00
	00		00

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

22. Interest received on U. S. Obligations 22
23. Pension Exclusion/Retirement Exclusion (see instructions) 23
24. Delaware State tax refund, Delaware Lottery 24
25. Fiduciary, Work Opportunity Credit, Delaware NOL Carryforward 25
26. Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion 26
27. TOTAL - Add Lines 22 through 26 27
28. Subtract Line 27 from Line 21 and enter here 28
29. Exclusion for certain persons 60 and over or disabled (see instructions) 29
- 30A. **Column 2.** Subtract Line 29 from Line 28. This is your modified Delaware source income.
Enter on Line 42, Box A 30A
- 30B. **Column 1.** Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross income.
Enter this amount on Line 37, page 1 and on Line 42, Box B 30B

COLUMN 1		COLUMN 2	
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
	00		00
			00
	00		

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

31. Enter total itemized deductions (see instructions) 31
32. Enter Foreign Taxes Paid (see instructions) 32
33. Enter Charitable Mileage Deduction (see instructions) 33
34. Self-Employed Health Insurance Deduction (see instructions) 34
- 34a. Total - Add Lines 31, 32, 33, and 34 34a
35. Enter State Income Tax included in Line 31 above (See Instructions) 35
36. Subtract Line 35 from Line 34a. Enter here and on Line 38, page 1 36

COLUMN 1	
	00
	00
	00
	00
	00
	00
	00

SECTION E - WORKSHEETS**ADDITIONAL STANDARD DEDUCTION WORKSHEET**

- | | 65 OR OVER | BLIND | TOTAL NO. | | TOTAL AMOUNT |
|-----------|--------------------------|--------------------------|-----------|-----------|--------------|
| 1. SELF | <input type="checkbox"/> | <input type="checkbox"/> | | X \$2,500 | |
| 2. SPOUSE | <input type="checkbox"/> | <input type="checkbox"/> | | X \$2,500 | |

NOTE: If you are filing a separate return, enter the total amount of Line 1 on Line 39, face of return. If you are filing a joint return, add the total of Lines 1 and 2 and enter this amount on Line 39.